

# Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If you checked "No" in response to either of these questions, do not complete form.</b> (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)					This space for office use only.				
<b>1</b>	(Circle one) Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV				
<b>2</b>	Home Address		Apt. or Lot #	City/Town	State	Zip Code			
<b>3</b>	Address Where You Get Your Mail If Different From Above			City/Town	State	Zip Code			
<b>4</b>	Date of Birth ____/____/____ Month Day Year		<b>5</b>	Telephone Number (optional)		<b>6</b>	ID Number - (See Item 6 in the instructions for your state)		
<b>7</b>	Choice of Party (see item 7 in the instructions for your State)		<b>8</b>	Race or Ethnic Group (see item 8 in the instructions for your State)					
<b>9</b>	I have reviewed my state's instructions and I swear/affirm that: <input type="checkbox"/> I am a United States citizen <input type="checkbox"/> I meet the eligibility requirements of my state and subscribe to any oath required. <input type="checkbox"/> The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.					<div style="border: 1px solid black; height: 50px; width: 100%;"></div> <p style="text-align: center;">Please sign full name (or put mark) ▲</p> <p>Date: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> Month Day Year</p>			

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

## Please fill out the sections below if they apply to you.

If this application is for a **change of name**, what was your name before you changed it?

<b>A</b>	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
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If you were **registered before** but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

<b>B</b>	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

<b>C</b>	<ul style="list-style-type: none"> <li>Write in the names of the crossroads (or streets) nearest to where you live.</li> <li>Draw an X to show where you live.</li> <li>Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.</li> </ul>	<b>NORTH</b> ↑			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Example</td> <td style="width:5%; text-align: center;">Route #2</td> <td style="width:75%;"> <div style="text-align: center;"> </div> </td> </tr> </table>	Example	Route #2	<div style="text-align: center;"> </div>	
Example	Route #2	<div style="text-align: center;"> </div>			

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

<b>D</b>	
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**Mail this application to the address provided for your State.**

# FOR OFFICIAL USE ONLY


FIRST CLASS  
STAMP  
NECESSARY  
FOR  
MAILING



REGISTRARS OF VOTERS

CITY HALL

274 FRONT ST

CHICOPEE, MA 01013-2885